

**Outpatient Prevention:**

PATIENT DISPOSITION	•RECOMMENDATION
Outpatient, post-exposure prophylaxis	<ul style="list-style-type: none"> <li>•<b>COVID-19 monoclonal antibodies (mAb)</b> are recommended for high-risk, patients who are not fully vaccinated or who are not expected to mount an adequate immune response to complete vaccination and have been exposed to an individual infected with SARS-CoV-2, or who are at high risk of exposure because of occurrence of infection in the same institutional setting.</li> </ul>

**Outpatient Treatment:**

PATIENT DISPOSITION	•RECOMMENDATION
Outpatient, not requiring hospitalization or supplemental oxygen	<ul style="list-style-type: none"> <li>•<b>COVID-19 monoclonal antibodies (mAb)</b> are recommended for high-risk, symptomatic patients within 10 days of symptom onset.</li> </ul>
Discharged from hospital, not requiring supplemental oxygen	<ul style="list-style-type: none"> <li>•No specific antiviral or immunomodulatory therapy recommended.</li> </ul>
Discharged from hospital, requiring supplemental oxygen <i>(for those stable enough for discharge but still requiring oxygen)</i>	<ul style="list-style-type: none"> <li>•Consider continuing <b>dexamethasone</b> for the duration of supplemental oxygen requirement, up to 10 days total dexamethasone duration, with close monitoring for adverse events.</li> </ul>
Discharged from ED or urgent care, despite new oxygen requirement <i>(when hospital resources are limited, inpatient admission is not possible, and close follow-up is ensured)</i>	<ul style="list-style-type: none"> <li>•<b>Dexamethasone</b> 6 mg PO daily for the duration of supplemental oxygen need, up to 10 days maximum, with close monitoring for adverse events.</li> </ul>

**Inpatient Treatment:**

DISEASE SEVERITY	•RECOMMENDATION
Hospitalized, not requiring supplemental oxygen	<ul style="list-style-type: none"> <li>•No specific antiviral or immunomodulatory therapy recommended.</li> <li>•Consider passive antibody treatment with mAb (if meets EUA criteria) or convalescent plasma in patients who are known or suspected to have poor intrinsic humoral immunity.</li> </ul>
Hospitalized, requiring low-flow supplemental oxygen	<ul style="list-style-type: none"> <li>•Use: <b>Remdesivir plus Dexamethasone</b></li> </ul>
Hospitalized, requiring oxygen via high-flow device or noninvasive ventilation	<ul style="list-style-type: none"> <li>•Use: <b>Dexamethasone</b></li> <li>•Consider: <b>Remdesivir</b> in patients who are early in their disease course (&lt;10 days of symptom onset); otherwise low likelihood of benefit at this disease severity.</li> <li>•Consider: <b>Tocilizumab</b>, in combination with dexamethasone, for patients who were recently hospitalized with rapidly increasing oxygen needs and systemic inflammation. Consider assessing response to corticosteroids before deciding whether tocilizumab is needed. Baricitinib not available at UCH.</li> </ul>
Hospitalized, requiring invasive mechanical ventilation or ECMO	<ul style="list-style-type: none"> <li>•For most patients, use: <b>Dexamethasone</b></li> <li>•For patients who are within 24hrs of ICU admission, consider: <b>Tocilizumab</b>, in combination with dexamethasone, for patients who were recently hospitalized with rapidly increasing oxygen needs and systemic inflammation. Consider assessing response to corticosteroids before deciding whether tocilizumab is needed. Baricitinib not available at UCH.</li> </ul>